

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MadisonRegistration District No. 638

Township

Primary Registration District No. 3028City Fredericktown (No. \_\_\_\_\_)File No. 25452Registered No. 68

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Caroline Annman(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (Write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF John Annman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1-1849

7. AGE

YEARS 84MONTHS 7DAYS 29If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Home9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN). Calhoun Co.  
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Henry Buchdalt14. BIRTHPLACE (CITY OR TOWN). Kennett  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elegeth Murch16. BIRTHPLACE (CITY OR TOWN). Ken  
(STATE OR COUNTRY)17. INFORMANT Ed Annman  
(ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Snowdenville DATE 7/30 193419. UNDERTAKER Ed. H. Webb  
(ADDRESS) Fredericktown Mo20. FILED July 30 1934 S. C. Slaughter  
Registrar.

## 2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 193422. I HEREBY CERTIFY That I attended deceased from  
Apr 23 1934 to July 30 1934I last saw him alive on July 28 1934 Death is said  
to have occurred on the date stated above, at 3:1 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction  
92A  
STAD 92a

Other contributory causes of importance:

Chronic Arteritis  
General

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) S. C. Slaughter(Address) Fredericktown Mo

M. D.

